

Collection Point: Entry

Projects/grants: RHY SO

Clients who are: Head of Households & Adults

“*” Required Fields

1 Client Demographics

First Name:*

Last Name:*

Middle Name:

Suffix:

HoH: *

Name Data Quality:*

- ☐ Full Name Reported
☐ Partial, or Street Name
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Social Security Number:*

- ☐ Full SSN Reported
☐ Approximate or Partial SSN
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Birthdate:*

- ☐ Full DOB Reported
☐ Approximate or Partial DOB
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Gender:*

- ☐ Male ☐ Female
☐ Transgender Female to Male
☐ Transgender Male to Female
☐ Gender Non-Conforming (i.e. not exclusively male or female)
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Race:*(Select all that apply)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

If Female, Pregnancy Status:*

- ☐ Yes Due Date: _____
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Veteran Status:*(18 & over)

- ☐ Yes ☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Relationship to Head of Household:*

- ☐ Self
☐ Spouse
☐ Daughter
☐ Son
☐ Dependent Child
☐ Other Family Member
☐ Other Non-Family Member

Client Contact Information:

Address: _____ City/State/Zip: _____
 Email: _____ Home Phone: _____

2 Project Enrollment

Project Start Date:*

Case Manager:

Date:*

3 Entry Assessment

Disabling Condition:*

- ☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Client Location (The CoC the client is being served in):*

- ☐ (GA-500) Atlanta ☐ (GA-501) Balance of State
☐ (GA-502) Fulton County ☐ (GA-503) Athens/Clarke County
☐ (GA-504) Augusta ☐ (GA-505) Columbus/Russell County
☐ (GA-506) Marietta/Cobb ☐ (GA-507) Savannah/Chatham County
☐ (GA-508) DeKalb County

From the options below, choose the 'type of situation' that most closely matches where the client was living on the night before the enrollment. Choose **ONLY ONE!** Adult members of the same household may have different prior living situations.

Homeless Situation	Institutional Situation	Transitional & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter. <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility. <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Residential or halfway house w no homeless criteria <input type="checkbox"/> Hotel/motel paid for w/o emergency shelter voucher <input type="checkbox"/> Transitional Housing for Homeless Persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant/project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

4.4 | Length of stay in the prior living situation

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 night or less | <input type="checkbox"/> 2 to 6 nights | <input type="checkbox"/> 1 week or more; but less than 1 month |
| <input type="checkbox"/> 1 month or more, but less than 90 days | <input type="checkbox"/> 90 days or more, but less than 1 year | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

5 History of Homelessness

Approximate date homelessness started:

Record the actual or approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in ES, in SH, or moving back and forth between those places)

(Regardless of where they stayed last night)
Number of times the client has been on the streets, in ES, or SH in the past three years including today

<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times
<input type="checkbox"/> 3 times	<input type="checkbox"/> 4 or more times
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected	

Total number of months homeless on the street, in ES, or SH in the past three years

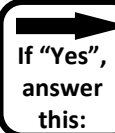

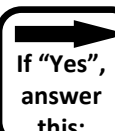
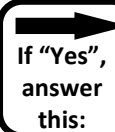
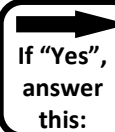
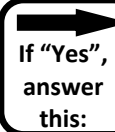
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> More than 12 months		
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected		

Covered by Health Insurance: *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

If client has Health Insurance, check all that apply below:

- | | |
|--|--|
| <input type="checkbox"/> Private | <input type="checkbox"/> State Children's Health Insurance Program S-CHIP |
| <input type="checkbox"/> Private - Employer | <input type="checkbox"/> Military Insurance |
| <input type="checkbox"/> Private - Individual | <input type="checkbox"/> State Funded |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Indian Health Service (IHS) |
| <input type="checkbox"/> Health insurance obtained through COBRA | <input type="checkbox"/> Other Public |

Identify whether a client has each individual barrier or not.
Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

Physical Disability* <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	 <p>If "Yes", answer this:</p>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Developmental Disability* <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	 <p>This element doesn't need to collect "Substantially impedes the individual's ability to live independently."</p>	
Chronic Health Condition* <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	 <p>If "Yes", answer this:</p>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Mental Health* <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	 <p>If "Yes", answer this:</p>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Alcohol Abuse* <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	 <p>If "Yes", answer this:</p>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Drug Abuse* <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	 <p>If "Yes", answer this:</p>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

Sexual Orientation:*				
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning / Unsure	<input type="checkbox"/> Other (Describe below)	<input type="checkbox"/> Client refused
<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected

Identify the appropriate **Living Situation** and collect the data on all questions for **ALL** Living Situations, except **HOMELESS SITUATION**.

The data in this element are transactional data; each time there is a contact, a record of the contact must be recorded including the date and the client location.

<input type="checkbox"/> Homeless Situation	<input type="checkbox"/> Institutional Situation	<input type="checkbox"/> Transitional and Permanent Housing Situation
--	---	--

Check below and no further questions will be asked.

HOMELESS SITUATION

☐ Place not meant for habitation
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter.
☐ Safe Haven

A checkmark here above indicates the end of the assessment.

Select an option below and complete the assessment.

INSTITUTIONAL SITUATION

☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility.
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric Hospital or Other Psychiatric Facility
☐ Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

☐ Residential or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Transitional Housing for Homeless Persons (including homeless youth)
☐ Host Home (non-crisis)
☐ Staying or living in a friend's room, apartment or house
☐ Staying or living in a family member's room, apartment or house
☐ Rental by client, with GPD TIP subsidy
☐ Rental by client, with VASH housing subsidy
☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Rental by client, with RRH or equivalent subsidy
☐ Rental by client, with HCV voucher (tenant or project based)
☐ Rental by client in a public housing unit
☐ Rental by client, with no ongoing housing subsidy
☐ Rental by client, with other ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Is client going to have to leave their current living situation within 14 days?:*

☐ Yes ☐ Client Refused
☐ No | If no, end this assessment.
☐ Client Doesn't Know ☐ Data Not Collected

Has a subsequent residence been identified?:*

☐ Yes ☐ Client Refused
☐ No
☐ Client Doesn't Know ☐ Data Not Collected

Does individual or family have resources or support networks to obtain other permanent housing?:*

☐ Yes ☐ Client Refused
☐ No
☐ Client Doesn't Know ☐ Data Not Collected

Does individual or family have resources or support networks to obtain other permanent housing?:*

☐ Yes ☐ Client Refused
☐ No
☐ Client Doesn't Know ☐ Data Not Collected

Has the client moved 2 or more times in the last 60 days?:*

☐ Yes ☐ Client Refused
☐ No
☐ Client Doesn't Know ☐ Data Not Collected